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## \*BIBDATASHEET\*

CONFIRMATION NO. 6026

Bib Data Sheet

SERIAL NUMBER 09/973,576	FILING DATE 10/09/2001  RULE	CLASS 040	GROUP ART UNIT 3611	ATTORNEY DOCKET NO. 38421-234372
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/08/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NC	SHEETS DRAWING 10	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
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## TITLE

## REFLECTIVE SIGNAGE

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